

## **Documents Mandatory to Operate as a New Customs House Agent (Declarant)**

1. Request Letter (Signed by the Proprietor/Partner/Director)
2. Application for registration of Customs House Agent in terms of Section 115 of the Customs Ordinance
3. Originals with Photocopies of following Documents
  - a. Business Registration Certificate
  - b. TIN
  - c. VAT
  - d. Form 1/ Form 2A/ Form 48/ Form 41(Obtained from Company Registrar)
  - e. Articles of Association / Memorandum of Association
  - f. Shipping Agents License (Only for Shipping Agents)
  - g. Deed or Lease Agreement
4. Proof of Address (Electricity Bill/ Water Bill/ Telephone Bill) (within two months)
5. Location Map of the company
6. Photos of Proprietor/Partner/Director with full name, NIC No., residential address & specimen signature included in a Letter Head of the Company
7. Inventory list with all the serials of electronic equipment and office setup plan
8. Cash Guarantee of Rs. 50000/= deposited in Sri Lanka Customs
9. Duly filled CHA Application form along with Originals & photocopies of following documents
  - a. NIC
  - b. Cancellation letter of previous CHA pass (if any)
  - c. Certificate of Competence (CHA Certificate issued by Sri Lanka Customs)
  - d. CIU Report
  - e. Police Report (within two years)
  - f. Grama Niladhari Certificate (within six month)

**APPLICATION FOR THE REGISTRATION OF CUSTOMS HOUSE AGENT IN TERMS OF  
SECTION 115 OF THE CUSTOMS ORDINANCE**

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1. Name of the Business/Applicant

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2. Type of Business

Sole Proprietorship   
Partnership   
Private Ltd Liability   
Public Ltd Liability   
Public Ltd Company   
Corporation   
Government   
Others

3. Principal Activities

Vessel Agent   
Cargo Discrip   
Courier Service

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4. Tax Identification Number

TIN

VAT  -

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5. Are you Registered to carry out business mentioned in cage 1

Yes  No

If yes, Business Registration Number

Date of Establishment   
DD MM YYYY

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6. Address

Other Office

.....  
.....  
.....

.....  
.....  
.....

Telephone No.:

Telephone No.:

Fax:

Fax:

Mobile:

Mobile:

E-mail:

E-mail:

Website:

Website:

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7. Regime

Customs

BOI

8. Details of Chairman/Directors/Partners/Proprietor/Applicant etc.

	Full Name	Private Address	NIC/Passport No.	Telephone No.	Mobile No.	Fax No.	Email	Photograph (Taken within last six months- stamp size)	Signature
1									
2									
3									
4									

**Note: Photographs should be affixed and attested by JP / AAL on the face of it**

9. Are you a member of any professional Body

Yes  No

If yes, Membership reference Number & Name of the professional body

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10. Name and the Address of the Auditor

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11. If Tax payer

Tax file Number

Amount paid in the last three quarters

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12. Introducing Company's Name

CHA Reference Number

TIN Number

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13. Has any Director/Partner/Proprietor/Applicant of the business been penalized under the provision of Customs Ordinance within last five years

Yes  No

If yes, Customs Case Number

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14. Declaration

I/We hereby declare that the particulars and the statement made in this application are true and correct to the best of my knowledge and belief and nothing has been concealed or held there from. Also I/We understand that any information furnished in the application if proved incorrect or false will render me/us the cancellation of registration with department of Sri Lanka Customs

Name:

Name:

Designation:

Designation:

Signature:

Signature:

Date:

Date:

Official Seal:

Official Seal:

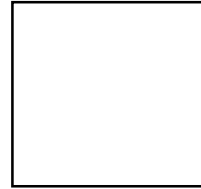
### Bank Certification

We certify that M/S. ....  
of (address) .....  
is maintaining a saving bank Account/ Current Account No.: .....  
with us since .....

Name: .....

Designation: .....

Date: .....



Official Stamp

.....

Signature of Certifier

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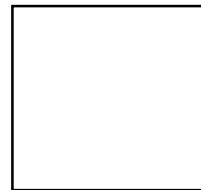
### Grama Niladhari Certificate

We certify that M/S. ....  
of (address) .....  
business premises/situated in the above address.

Name: .....

Designation: .....

Date: .....



Official Stamp

.....

Signature of Grama  
Niladhari

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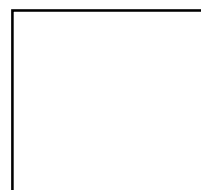
### Police Report

We certify that M/S. ....  
of (address) .....  
business premises/situated in the above address.

Name: .....

Designation: .....

Date: .....



Official Stamp

.....

Signature

**For Office Use Only**

**Customs House Agent Unit**

- 1. CHA Name : .....
- 2. TIN No. : .....
- 3. CHA Reference No. : .....
- 4. Valid up to : .....

Name : .....

Designation : ..... Signature

Date : .....

Date Received: .....

Reference Number: .....

Vetted	Owner	<input type="checkbox"/>
	Previous Offence Database	<input type="checkbox"/>
	Address	<input type="checkbox"/>
	Bank Certification	<input type="checkbox"/>
	Grama Niladhari Certificate	<input type="checkbox"/>
	Police Report	<input type="checkbox"/>
	NIC/Passport/TIN	<input type="checkbox"/>
	Business Registration Certificate	<input type="checkbox"/>
	Tax Payment	<input type="checkbox"/>

Officers Checked: .....

Registration Approved/Disapproved: .....

Name : .....

Designation : .....

Date : ..... Signature

Code Allocated : .....

**APPLICATION FOR RENEWAL / NEW REGISTRATION OF  
CUSTOMS HOUSE AGENCY FOR YEAR 201.....**

(1) Name of the Company : .....

(2) Nature of the Company : .....

(3) Type of the Company : .....

(4) Company Address : .....

.....

(5) Business Registration Number & Year : .....

(6) VAT Identification Number : .....

(7) SLPA Clearing Agent License Number & Date : .....

(8) Cash Guarantee : .....

Receipt Number & Date : .....

(9) Number of CHA Identity cards Surrendered for Cancellation  (10) Number of CHA to be renewed

(11) The details of the persons for whom I/We need to obtain CHA passes are as per declaration attached hereto

(12) The following copy documents are attached hereto (with originals for perusal & return) in respect of each person

a. Number of Certificates of Competence

b. Number of Police Report

c. Number of Grama Niladhari Certificate

d. Number of National Identity Cards

e. Number of CIU Report

(13) I/We do hereby declare that the particulars entered by herein above are true and correct in a very respect. And undertake to surrender the respective CHA identity card in the event any of the persons for whom the CHA identity passes had been issued at my/our request happen to leave my/our employment or leave the company

Date : .....

.....  
Signature of Proprietor / Partner / Director  
And the Company Seal

**FOR OFFICE USE ONLY**

Charges	Rs.	Shroff
New Registration Fees		Please recover the following charges. (1) Rs. (2) Rs. (3) Rs.
Renewal Fee for the year		
Fee for Certificate Holders		
Documentation Fees		
<b>TOTAL</b>		
Inspection Fees		OIC/DSC/ASC (CHA Unit)
Other		Shroff

**Declaration made by the Proprietor / Partner / Chairman / Managing Director  
of Customs House Agency for obtaining CHA pass from Sri Lanka Customs  
in terms of Section 115 of the Customs Ordinance (Chapter 235)**

**(To be completed in block letters)**

- (1) Company Name :
- (2) Company Address :
- (3) TIN Number :  (4) First Registered : Year  Month   
with Customs
- (4) Contact Telephone : Office  Fax  Mobile   
Number
- (5) CHA Registration :  Valid up to :  
Number (for office use only)

Details of CHA Pass Holders					
S/No	Full Name	Designation	NIC No.	Residential Address	Office use only

Details of T Pass Holders					
<b>The Director General of Customs</b>  I do hereby declare that the details furnished herein above are true and correct and do hereby request to issue a CHA passes to the above named personal/s. I do hereby undertake to return/surrender the CHA card in the event of any of the persons entered above ceases to hold employment in the company or my employment   Signature, Designation, Date Company Seal	<b>DDC/SC (CHA)</b>  This is to certify that the documents furnished along with this application were checked and found that the particulars indicated therein are true and correct. I further certify that the applicable fees have been recovered   OIC (DSC/ASC) (CHA Unit)	<b>The Manager (Lanka Security Printing)</b>  Please issue CHA passes for the above declared personal/s under the serial numbers indicated against the name/s after the recovery of your charges   Deputy Director of Customs (CHA) For Director General of Customs			



**Declaration made by the Proprietor / Partner / Chairman / Managing Director  
of Customs House Agency for obtaining CHA pass from Sri Lanka Customs  
in terms of Section 115 of the Customs Ordinance (Chapter 235)  
(To be completed in block letters)**

- (1) Company Name :
- (2) Company Address :
- (3) TIN Number :  (4) First Registered : Year  Month   
with Customs
- (4) Contact Telephone : Office  Fax  Mobile   
Number
- (5) CHA Registration :  Valid up to :  
Number (for office use only)

Details of CHA Pass Holders					
S/No	Full Name	Designation	NIC No.	Residential Address	Office use only

Details of T Pass Holders					
<b>The Director General of Customs</b>  I do hereby declare that the details furnished herein above are true and correct and do hereby request to issue a CHA passes to the above named personal/s. I do hereby undertake to return/surrender the CHA card in the event of any of the persons entered above ceases to hold employment in the company or my employment   Signature, Designation, Date Company Seal		<b>DDC/SC (CHA)</b>  This is to certify that the documents furnished along with this application were checked and found that the particulars indicated therein are true and correct. I further certify that the applicable fees have been recovered   OIC (DSC/ASC) (CHA Unit)		<b>The Manager (Lanka Security Printing)</b>  Please issue CHA passes for the above declared personal/s under the serial numbers indicated against the name/s after the recovery of your charges   Deputy Director of Customs (CHA) For Director General of Customs	

My No. : .....

CHA Unit  
Sri Lanka Customs

Director of Customs (Central Intelligence)

**Request for Previous Offence Details of CHA Applicants**

The below mentioned person has applied CHA pass for year 201.....  
Please let me know the details of previous offences of this applicant if any.

Applicant's Details

Full Name : .....  
(In Block Letters) .....

NIC No. : 

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CHA No. (If any) : 

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Address : .....  
.....

Employer's Details

Name : .....  
(In Block Letters) .....

Address : .....  
.....

TIN No. : 

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OIC (CHA Unit)  
Specialized Services

Date:

My No.: .....

Date : .....

OIC (CHA Unit)

- There are no records in previous offenders' database for the above applicant.
- Following records available in able in previous offenders' database for the above applicant.

Case No.	Suspect Type	Suspect's Role	Penalty
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....